

LIFE AFTER CANCER: WHO AM I NOW

How RCCs can support people adjusting to life
after a cancer diagnosis and treatment

BY LESLIE WARNER, RCC

Cancer is a common illness throughout B.C. and many RCCs will come into contact with it in both our personal and professional lives. It is very likely that, regardless of your specialization, you will encounter a client experiencing cancer or a caregiver or loved one of someone with cancer. A cancer diagnosis and treatment can affect someone's personal identity in countless ways, and as RCCs, we can provide support in adjusting to a new normal.

PERSON-CENTRED AND TRAUMA-INFORMED APPROACH

When working with people with cancer, a person-centred approach is absolutely essential. No two people have the same diagnosis, treatment, and post-treatment experience, even if they have a similar type and stage of cancer. We need to listen to our clients and understand how their experience has affected them. There is so much potential for distress within the cancer trajectory but also so much potential for client strength and resilience.

A trauma-informed approach is also crucial. Cancer affects people regardless of age, race, ethnicity, religion, socioeconomic background, and gender identity. At baseline, many clients with cancer have had traumatic experiences in their lifetime that can be further triggered by their experience in the medical system. Feeling out of control, experiencing pain, and submitting to uncomfortable medical procedures can trigger past trauma.

Further, a person's intersections of identity may mean they experience marginalization and prejudice and encounter stigma accessing health care. Some people will develop cancer-related post-traumatic stress disorder (PTSD) during the process; studies show that the incidence of PTSD symptoms ranges between 20 and 80 per cent depending on where people are in their cancer journey. For example, populations with recurrent cancer have a higher incidence of PTSD symptoms than those newly diagnosed.¹ Ensuring emotional and physical safety, empowerment, and collaboration is essential for working with this population.



INITIAL DIAGNOSIS

A cancer diagnosis typically comes into a person's life like a hurricane. Daily routines are rocked by challenging symptoms, countless appointments, sleepless nights, fear of the unknown, and memories of loved ones lost to cancer. Some people are forced to retire earlier than expected or leave work mid-career, some are unable to participate in their hobbies, and others see changes in their daily functioning and relationships. They are learning new medical terminology and trying to understand the roles of health-care professionals. In addition, their fight-or-flight response is likely on high alert, making it extremely challenging to use their brain's prefrontal cortex effectively — the area responsible for problem solving, learning, and processing new information.

Then treatment begins. This can be all or any combination of surgery, systemic therapy (immunotherapy or chemotherapy), and radiation. Clients can experience significant changes in the way their bodies look and function and must navigate challenging new and changing symptoms. Despite the incredible potential for distress during treatment,

people with cancer are resilient and brilliant at adapting to difficult and abnormal circumstances.

Due to advances in screening, diagnosis, and treatment, cancer mortality is decreasing over time. From 1988 to 2021, cancer-related mortality has decreased 37 per cent for males and 22 per cent in females.

The predicted five-year net survival for all cancers combined is 64 per cent, up from 55 per cent in the 1990s and 25 per cent in the 1940s.⁴ More and more people are living their life post-cancer or living while managing cancer as a chronic illness, which means navigating a new normal is a common experience post-treatment.

STATISTICS

Canadian Cancer Statistics estimated that **28,900** British Columbians would be diagnosed with cancer and **11,400** would die of cancer in 2022.² The Canadian Cancer Society states that **two in five** Canadians are expected to develop cancer in their lifetime, and about **one in four** Canadians are expected to die from cancer.³

CANCER REFERRAL RESOURCES

→ **BC Cancer: Patient and Family Counselling Services**
Short-term counselling support and social work services for cancer patients and their families. Services are free (covered by BC Medical Services Plan). Self-referral by contacting regional BC Cancer Centre. Services provided by phone, video conferencing, or in person. Therapeutic groups and education sessions are available.
<http://www.bccancer.bc.ca/our-services/services/supportive-care/patient-family-counselling>

→ **InspireHealth**
Virtual classes, workshops, and programs available for cancer patients. Services are free (non-profit organization). Topics are diet, exercise, stress reduction and finding emotional support.
<https://inspirehealth.ca>

→ **Wellspring Cancer Support**
Virtual classes and programs available for cancer patients. Variety of emotional, practical, physical wellness and education topics, i.e., emotional support groups, information sessions on topics like fatigue and brain fog, seated yoga classes, etc. Services are free (non-profit organization).
<https://wellspring.ca>

NAVIGATING A NEW NORMAL

For those completing treatment as planned, this experience can be long anticipated. They cannot wait to “return to normal” after having their diagnosis and treatment take over many aspects of their lives. It can come as a shock that this time is not always what they imagine.

Many take much longer to recover than they expect. Fatigue can last long after chemotherapy and/or radiation. For some, their cancer and treatment leave them with disabilities they need to accommodate. The “new normal” language originates from this dissonance between what is expected and what actually occurs post-treatment. For some, a flood of emotion comes up as they take stock of what has occurred to their body, mind, and soul during the past months or even years. It is not uncommon for these experiences to spur someone to seek counselling.

As RCCs, we can support our clients by:

- 1 - accounting for the losses they have experienced throughout their cancer journey,
- 2 - evaluating real and perceived barriers to returning to their “normal life,” and
- 3 - supporting our clients to integrate their values into action and determine a meaningful way forward.

Losses can be broad and deep for people with cancer: changes in lifestyle, relationship roles, body appearance, and body ability are just a few. For some, post-treatment life is not what they expected. We can support clients by holding space for these losses and encouraging them to be acknowledged and grieved. Helping clients recognize these changes as a form of loss and educating them on the grief and loss process may be enough intervention for many people with cancer.

For some, these losses have also significantly affected their partners or family members. Often, these topics

are very difficult to discuss between loved ones. RCCs can also provide space and support for a couple or family to acknowledge these losses together and learn tools to communicate more effectively about each person’s experience and emotional needs around these sometimes profound changes.

When our clients are ready, we can

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begin listening with curiosity and working on questions such as, “Who are you now?” “What has stayed the same?” and “What has changed?” For some clients, having had a life-threatening health concern naturally urges a

reflective process on their values.

Being able to acknowledge the losses and integrate what they have learned about themselves into how they move forward can be a beautiful process. We can then help our clients gain the tools and skills necessary to build on these values through action and create meaningful lives.

FINDING MEANINGFUL WAYS FORWARD

After clients begin identifying and reconnecting with aspects of their past life, they may still struggle with re-integrating hobbies and activities. This may come from changes in their ability or function but can also be related to unhelpful beliefs hindering them from adapting to changes. RCCs can encourage clients to work with their medical team, support groups, and other health-care professionals to manage outstanding symptoms impacting functioning.

For example, an avid knitter may no longer be able to do complicated patterns due to memory and attention

concerns post-chemotherapy (“chemo brain”); but after learning more about chemo brain and how it impacts cognitive functioning, they may find that they can continue knitting when limiting auditory and visual distractions and scheduling knitting for a time of day when they are less fatigued.

Alternatively, a person recovering from breast cancer may find that wearing compression sleeves and having regular massages improves lymphedema symptoms, so they are able to engage in some of the gardening tasks they used to enjoy.

Dr. Pippa Hawley and Gabby Eirew’s book, *Lap of Honour: A no fear guide to living well with dying*, provides inspiring examples of people continuing to live despite managing high symptom burden. In a chapter devoted to travelling with illness, Hawley shares guidance on travelling post-surgery, using prescription medication abroad, and travelling with oxygen based on her experience as a palliative-care physician.⁵

CBT AND MINDFULNESS-BASED COGNITIVE APPROACHES

RCCs can provide cognitive behaviour therapy (CBT) to further evaluate unhelpful thoughts, beliefs, and behaviour patterns. As RCCs, we are familiar with how CBT may assist someone returning to their “old life” when recovering from anxiety or depression. CBT can also be helpful for people with cancer.

For example, those having undergone head and neck cancer treatment may have required surgeries that permanently disfigure their face, drastically changing their appearance and affecting the way they eat and speak. A common concern is body image distress. In fact, one in four people who have experienced head

and neck cancer experience body image distress, which can adversely impact quality of life.⁶ It is helpful to learn to self-monitor feelings, thoughts, and behaviours as well as learn positive coping strategies around body image.⁷ For example, clients may learn to identify their presumption that others are staring at them in the grocery store line up as the unhelpful thinking style of “mind reading” or “catastrophizing,” then take steps to challenge this thinking

style. Connecting with alternative understandings of the experience and learning positive coping techniques could go a long way to help someone with body image distress to feel confident in accessing their community again.

In addition to CBT, mindfulness-based cognitive approaches have been validated in the field of psychosocial oncology. In particular, mindfulness-based stress reduction (MBSR) is a



CANCER SURVIVORSHIP RESOURCES

→ BC Cancer, Northern Health, UNBC, & UBC. (2023, May 22).

Your survivorship care plan. <http://www.bccancer.bc.ca/survivorship-site/Documents/Generic-CP-Electronic-revised-June-2013.pdf>

*Plans available to certain cancer diagnoses or inclusive of all cancers.

→ BC Cancer. (2023, May 22). Coping with cancer.

<http://www.bccancer.bc.ca/health-info/coping-with-cancer>

→ BC Cancer & McGill University.

(2023, May 22). Cancer and work. www.cancerandwork.ca/

→ Eirew, G. & Hawley, P. (2019). *Lap of honour: A no fear guide to living well with dying*.

→ Canadian Virtual Hospice. (2023, May 22). www.mygrief.ca

→ Palouse Mindfulness. (2023, May 22). Online mindfulness-based stress reduction.

<https://palousemindfulness.com/>



well-accepted support for people with cancer and has been evaluated for its impact on common concerns, such as quality of life, pain, fatigue, anxiety, and depression.⁸

Currently in B.C., Lori Brotto is reviewing the efficacy of group mindfulness-based cognitive therapy for breast cancer patients experiencing sexual distress and changes in sexual

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desire that they associate with their treatment. As described in Brotto's

book, *Better Sex Through Mindfulness: Cultivating Desire*, people can learn how to use mindfulness techniques, such as a sensate focus exercise, to tune into their body sensations and tune out cognitive

distractions that may shut down desire.⁹ Brotto et al.'s 2012 work has shown that women with breast cancer

have noted improvements in sexual functioning after learning mindfulness and meditation skills and participating in sex education and therapy.¹⁰

Researchers in the psychosocial oncology field are evaluating and validating the use of CBT and mindfulness-based cognitive approaches for a variety of cancer survivorship concerns.^{11, 12, 13}

In sum, people who experience cancer and its treatment are resilient and can become inspiring models of adaptation and perseverance. RCCs can use a person-centred, trauma-informed approach to provide a safe place for clients to process their losses and rebuild their identity or new normal post-treatment. CBT and mindfulness-based approaches can also be helpful in supporting clients with returning to their activities and hobbies and, ultimately, rebuilding or affirming their identity post-treatment. ■

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